



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

the valuable lesson of how to adapt herself to all kinds of patients and families. Many a private duty nurse has learned to her sorrow that oft-times the family is more difficult to handle than the patient. I think there are other schools now beside Waltham that send out student nurses under supervision, but I am not sure.

Massachusetts

E. L. C.

THE JOURNAL

I.

DEAR EDITOR: The JOURNAL should be in the hands of every nurse in this country, and it is well worth the effort to see that this is done. I began with the first copy issued and now that I have retired from hospital work, I watch for its appearance each month bringing news of all that is going on in the nursing world,—news of my friends, new openings and opportunities for nurses such as were not even dreamed of in the early days,—all that is necessary is preparation to grasp them. My best wishes for the JOURNAL.

Massachusetts

EMMA L. STOWE.

II.

DEAR EDITOR: This is just another word of appreciation of our dear old JOURNAL which improves in its stimulation of professional interest and literary value every year. One has only to compare a copy of any issue of 1910 with one of 1922, to convince herself that the magazine faithfully reflects the higher educational demands of the profession as well as the enlarged professional field of usefulness. I think it is a matter of congratulation to the profession rather than of chagrin that such publicity as that of Dr. Mayo in the *Pictorial Review* and the widely syndicated articles of Dr. Brady should be read and discussed by the lay public everywhere. It shows that the highly trained woman is coming into her own when she can call down upon her head such criticisms from the medical profession. It is easily conceivable that a type of physician who graduated two or three decades ago and who has never felt the need of postgraduate work or research, other than his daily practice, should be satisfied with the grammar school graduate or with a nurse of even two years of hospital practice. The well educated nurse makes such a doctor feel uncomfortable and she may be undesirable to work with. If she has been trained to see the necessity for diagnosis by the use of the X-ray, the sphygmomanometer, laboratory analyses and various other modern agents, she feels keenly for the patient who may be under the care of such a physician. However, no such theory can account for Dr. Mayo's viewpoint. When I read Dr. Beard's article in the *Pictorial Review* in reply to Dr. Mayo's, I felt like writing a note of appreciation of his effort to give the nurse a square deal before the public. It was not so very long ago that physicians could practice upon the unsuspecting public with a diploma bought and paid for from some obscure medical school, and a great hue and cry went up when the better medical schools began to see the necessity for better education and longer preparation for their graduates. Now it is willingly conceded that a student of medicine must spend from six to ten years in preparation for dealing with human lives. The time will as surely come when a high school girl will need to spend three years in learning the theory and practice of nursing and even then may have to develop her special field by postgraduate study. So welcome all the bouquets and brickbats, too, for we need both to ensure healthy growth.

Michigan

M. S.

III.

DEAR EDITOR: I want to say how pleased I was to have Miss Goodrich's address to the Army School of Nursing. Those of us who know Miss Goodrich, know how deeply she feels with and for the nursing profession, but that address must surely have been an inspiration to the younger women. I wish the pupils in every training school might have it, or that the superintendents would read it to them. In the February JOURNAL I was pleased to see the article on Lip Reading, as it is something nurses should know about. I have studied it and find it a great aid in helping me to see what is being said and also because of its bearing on one's mental attitude. I was always interested in meetings and organization work, but I had to discontinue attending them, as I heard so little. Now, while I do not get everything, I at least know something and can inquire more intelligently; I also find it better to concentrate attention on the speaker rather than allow my thoughts to dwell on my handicap. It makes me feel that, after all, everything is worth while. Lip reading has something the same relationship to deafness as eye glasses have to the impairment of sight.

Pennsylvania

M. A. P.

HOURS OF DUTY

DEAR EDITOR: Nursing hours are surely a problem, but if we all felt as E. E. N. does in the February issue, and advocated nothing more than 12-hour duty, I should extend sympathy to the public, particularly the moderate purse which would be drained of \$70 to \$84 per week, plus the physician's fee, in case of an illness where nursing is required. True, if all 24-hour cases were such as she mentioned, when less than six hours' undisturbed sleep, and no recreation is endured, one would have to develop an everlasting rather than a temporary stoicism, but we know such conditions are not always prevalent. I believe in self preservation and recreation, but I manage to have a great deal of that when off duty. No private duty nurse can, regardless of constitution, minister the whole time of 365 days per year. I, like a great many other nurses, rather like 24-hour duty, and I have had some very favorable cases. When in a hospital, it is quite safe to leave a patient for the required time, likewise in a private home, there is generally someone who can do minor duties during the nurse's absence of time for rest and recreation. There are many chronic diseases, as we all know, and for this type of case whose duration is uncertain, an extra nurse would be rather a luxury. Acute infectious diseases, desperately ill medical and surgical cases, if cared for at home, and where life is at stake, without the slightest doubt require two nurses, and sometimes even three would not be superfluous. Now, instead of assuming the attitude of E. E. N., though she means well for us, let's say we'll let "circumstances alter cases." Speaking of church, I find in most instances, if an effort is made, unless with a very ill patient, when such service is "love to God through service," one can manage to get to church unless it be at a distance out of question. Generally the patient, on your leaving for church, requests you to say a prayer for him or her. Is this not so?

Pennsylvania

L. Z.

NEED OF PEDIATRIC TRAINING FOR NURSES

DEAR EDITOR: The need for pediatric nurses is becoming a problem to be solved. The medical world has at last been awakened to the fact that our next generation depends upon the proper care and treatment of the present.